	AZPDES APPLICATION **FORM 2D**	**Arizona Dept. of Environmental Quality** **Surface Water Permits Unit -Water Permits Section** **1110 W. Washington Street** **Phoenix, AZ 85007**

FOR MANUFACTURING, MINING AND SILVICULTURAL OPERATIONS
THAT PROPOSE TO DISCHARGE PROCESS WASTEWATER
New Sources and New DIschargers

Please print or type in the unshaded areas only	**AZPDES (NPDES) Permit No.**

I. OUTFALL LOCATION

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

1. **OUTFALL** **NUMBER** *(list)*	**2. LATITUDE**			**3. LONGITUDE**			**4. RECEIVING WATER** *(list)*
	DEG.	**MIN.**	**SEC.**	**DEG**	**MIN.**	**SEC.**	

II. DISCHARGE DATE	**(When Do You Expect to Begin Discharging?)**

III. FLOWS, SOURCES OF POLLUTION AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent and treatment units labeled to correspond to the more detailed descriptions in Part III. B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units and outfalls. If a water balance cannot be determined *(e.g., for certain mining activities)*, provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water and stormwater runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. *Continue on additional sheets as necessary.*

1. **(OUTFALL** **NUMBER (list)**	**2. OPERATION(S) CONTRIBUTING FLOW**		**3. TREATMENT**	
	a. OPERATIONS *(list)*	**b. AVERAGE** **FLOW** **(include units)**	**a. DESCRIPTION**	**b. LIST CODES** **FROM** **TABLE 2D-1**

C. Except for storm runoff, leaks or spills, will any of the discharges described in Item III.A be intermittent or seasonal?
☐ YES (complete the following table) ☐ NO (go to Item IV)

1. OUTFALL NUMBER *(list)*	2. OPERATION CONTRIBUTING FLOW (list)	1. FREQUENCY		2. FLOW		
		a. DAYS PER WEEK (specify average)	b. MONTHS PER YEAR (specify average)	a. MAXIMUM DAILY FLOW (in MGD)	b. MAXIMUM TOTAL VOLUME (specify with units)	c. DURATION (in days)

IV. PRODUCTION

If there is an applicable production-based effluent guideline or New Source Performance Standards (NSPS), for each outfall list the estimated level of production (projection of actual production level, not design capacity), expressed in the terms and units used in the applicable effluent guideline or NSPS, for each of the first three years of operation. If production is likely to vary, you may also submit alternative estimates (Attach a separate sheet as necessary to provide all alternative estimates or information on additional outfalls).

1. OUTFALL No.	2. YEAR	3. OPERATION, PRODUCT, MATERIAL, ETC. (Specify)	4. QUANTITY PER DAY	5. UNITS OF MEASURE

V. EFFLUENT CHARACTERISTICS

A, B, C & D: See instructions before proceeding. NOTE: Parts V.A, V.B, V.C, and V.D are included in the **"ADDENDUM"** to Form 2D. Complete one set of Parts V.A - V.D for each outfall. Annotate the outfall and AZPDES permit number in the space provided at the bottom of each page.

E. Use the space below to list any of the 80 pollutants listed in Table 2D-2 "Toxic Pollutants and Hazardous Substances", which you know or have reason to believe will or may be discharged from any outfall. For every pollutant, briefly describe the reasons you believe it to be present.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE

VI. ENGINEERING REPORT ON WASTEWATER TREATMENT

A. If there is any technical evaluation concerning your wastewater treatment, including engineering reports or pilot plant studies, check the appropriate box below.

☐ Report Available ☐ No Report

B. Provide the name and address of any existing plant(s), to the best of your knowledge, resembles this production facility with respect to production processes, wastewater constituents or wastewater treatments.

NAME	LOCATION

VI. OTHER INFORMATION

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations for the proposed facility. Attach additional sheets if necessary.

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. NAME & OFFICIAL TITLE *(type or print)*	**B.** PHONE NO. (telephone and area code)
C. SIGNATURE	**D.** DATE SIGNED